	I FINANCE R		EE	4267		ORM SPA Sheet pg	
The SPAC Instruction this form.	Guide explains how to	complete	1 ACCOUNT (Ethics Comm		2 Total pag	es filed:	
3 COMMITTEE NAME			<u> </u>		OFFI	CE USE ONLY	
GO HONTS Con	unittee				Date Received		
4 COMMITTEE ADDRESS	ADDRESS / POBOX: APT/SU 2300 LOHM: AUSTIN TX	ANS G	COTY,	STATE ZIPCODE	Receipt #	10 24 111 193	777
5 CAMPAIGN TREASURER NAME	Mrs.	FIRST MARY LAST KOCHS		MI	HD / PM Date Processed Date Imaged	Amount	
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)	STREET ADDRESS (NO POBOXPLE	EASE); APT/SUI	•	CITY: STATE: 12 TX 78	ZIP CODE 757		
7 CAMPAIGN TREASURER'S MAILING ADDRESS Same as Above Change of Address (from Form STA)	STREET OR PO BOX;	APT/SUI	TE #;	CITY; STATE,	ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE PH			EXTENSION			
9 REPORT TYPE	January 15 July 15		30th day before e 8th day before ek Runoff		Dissolution	d \$500 limit on (attach SPAC-DR) after campaign treasurer on	
10 PERIOD COVERED	Month Day	Yeer 98	THRC	JUGH		Day Year	*
11 ELECTION	ELECTION DATE Month Day Year	ELECTIC Pr	ON TYPE	Runoff	General	Special	
		GO TO P/	AGE 2				

SPECIFIC-PURPOSE COMMITTEE	REPORT:
PURPOSE AND TOTALS	

FORM SPAC

PURPUSE	AND TOTALS (COVER SHEET PG 2
12 COMMITTEE NAME 60	touts Committee	13 ACCOUNT # (Ethics Commission filers)
14 NO REPORTABLE ACTIVITY	Check here if no reportable activity occurred during this reporting period. (Sign affidavit be	elaw and submit pages 1 and 2 only.)
15 CONTRIBUTION TOTALS	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 370.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 25.50
	4. TOTAL POLITICAL EXPENDITURES	\$5419.96
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.
My C	I swear, or affirm, under penalty of preport is true and correct and includes reported by me under Title 15, Election NA A. PERKINS Public, State of Texas Commission Expires 67/11/98 12/14/22 Signature of campaignees STAMP / SEAL ABOVE	s all information required to be on Code.
Sworn to and subscriber day of Qnuary Signature of officer a	dministering oath Print name of officer administering oath	2, this the 15+h

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

OTHER	THAN PLEDGES OR LOAD	VS			
The Instruction Guice explains how to complete this form.			1 Total pages this Schedule At		
2 FILER NAM	KS Committee :		3 ACCOUNT # (E:	hics Commission (fers)	
4 Date 7/20	5 Full name of contributor MARK FINLEY 6 Contributor address; City; State; Zip Code 510 GUAdalupe; Austin Tx	□ out at state PAC	7 Amount of contribution (S)	8 In-kind contribution description (if applicable)	
9 Principal occu	pation	10 Employer (option	nal)	I	
Date	Lake Trans PAC	out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)	
7/20	Contributor address: City: State: Zip Code BOX 340033 Ausdin TX 18734		70.9	 	
Principal occu	pation	Employer (cotion	ai)		
Date 12/12	Full name of contributor Ray E. Vaug han Contributor address: City; State; Zip Code 204 Eta Place Austin	Tx 78753	Amount of contribution (\$)	In-kind contribution description (if applicable)	
. Principal occu	pation	Employer (option	al)		
Date	Full name of contributor (Contributor address; City; State; Zip Code	eut of state PAC	Amount of contribution (S)	In-kind contribution description (if applicable)	
Principal occupation Employs		Employer (options	er (optional)		
Cate	Full name of contributor [Contributor address; City; State; Zip Code	out of state PAC	Amount of contribution (S)	In-kind contribution description (if applicable)	
Principal occup	ATTACH ADDITIONAL COPIE	Employer (options			
If contr	ributor is out-of-state PAC, please see instru	action guide for ad	ditional reportir	g requirements.	

Printed on recycled paper

POLITICAL CONTRIBUTIONS

Effective 09/01/1997

SCHEDULF

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

éxas Ethics Commis	ssion P.O. Box 12070 Austin, Texas 78711-2070	(512) 463-5800 1-800-325-850
LOANS		SCHEDULE E
The Instruction Gu	IDE explains how to complete this form.	1 Total pages this Schedule E:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
тота	L OF UNITEMIZED LOANS: ⇔ ⇔ ⇔	\$
5 Date of loan	7 Name of lender out of state PAC	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City; State; Zip Code	10 Interest rate
Υ Ν		11 Maturity date
12 Description of Collate	eral	
none		
13 GUARANTOR INFORMATION	14 Name of guarantor	16 Amount Guaranteed (S)
not applicable	15 Guarantor address; City; State; Zip Code	
17 Principal Occupation	18 Employer	
Date of loan	Name of lender Out of state PAC	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City; State; Zip Code	Interest rate
Y N		Maturity date
Description of Collater	al	
GUARANTOR INFORMATION	Name of guarantor	Amount Guaranteed (\$)
not applicable	Guarantor address; City; State; Zip Code	
Principal Occupation	Employer	
If lender is	ATTACH ADDITIONAL COPIES OF THIS FORM AS sout-of-state PAC, please see instruction guide for additio	NEEDED nal reporting requirements.

POLITI	CAL EXPENDITURES			schedule F
The אסוסד Guide explains how to complete this form. 1 Total pages			Schedule F:	
2 FILER NAM.	E NTS Committee		3 ACCOUNT	# (Ethics Commission filers)
∆ Date	Autily Printing 6 Payee address; City: State: Zip Code 501 W. 3rd Alistin Tx 78	370 !		7 Amount (S) 3656 .60
8 Purpose of ex	penditure	9 ·· Complete if direct expe Cand date / Officenoider		it C/OH •• Office sought / held
Date	Payee name Payee address; City; State; Zip Code			Amount (\$)
Purpose of exp	! penditure	Complete if direct experience Candidate / Officeholder		t C/OH •• Office sought / held
Date	Payee name Payee address; City; State; Zip Code			Amount (\$)
Purpose of exp	 penditure	Complete if direct expe Candidate / Officeholder i		t C/OH •• Office scught / held
Date	Payee name Payee address; City; State; Zip Code			Amount (S)
Purpose of exp	Denditure ATTACH ADDITIONAL COPIE	Complete if direct expe Candidate / Officeholder r	name	t C/OH •• Office sought/held

1-800-325-8506 Austin, Texas 78711-2070 (512) 483-5800 P.O. Box 12070 Texas Ethics Commission

LOANS				SCHEDULE E
The Instruction Gui	DE explains how to complete this form.		1 Total pages Sche	dule E:
2 FILER NAME			3 ACCOUNT# (Eth	ics Commission filers)
4 TOTAL OF UN	IITEMIZED LOANS:	t) t) t) t)	ಭ ಭ	\$
5 Date of loan	7 Name of lender	out of state PAC		9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City; State;	Zip Code		10 Interest rate
Y N				11 Maturity date
12 Description of Collate	l			
none				
13 GUARANTOR INFORMATION	14 Name of guarantor			16 Amount Guaranteed (\$)
not applicable	15 Guarantor address; City; State;	Zip Code		
17 Principal Occupation		18 Employer		
Date of Ican	Name of lender	out of state PAC		Loan Amount (S)
Is lender a financial Institution?	Lender address; City; State;	Zip Code		Interest rate
Y N			:	Maturity date
Description of Collate	eral			
none				
GUARANTOR INFORMATION	Name of guarantor	***		Amount Guaranteed (\$)
not applicable	Guarantor address; City; State;	Zip Code		
Principal Occupation		Employer		
If lender	ATTACH ADDITIONAL Cois out-of-state PAC, please see ins			g requirements.

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